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Application Number	10/563,832
Filing Date	July 8, 2004
First Named Inventor	John J. Kopchick
Title	Diagnosis and Treatment Related to
Art Unit	2621
Examiner Name	
Attorney Docket Number	OU-99117US (KOP 8A US)

I hereby revoke all previous powers of attorney given in the above-identified application.

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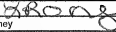
I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	3-17-08
Name	Lisa Rooney	Telephone	(740) 593-0976
Title and Company	Director, Technology Transfer Office, Ohio University		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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